

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**  
**PRIVATE PROBATION PROVIDER**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit official transcripts documenting graduation with a baccalaureate or graduate degree with a major study in social work, sociology, psychology, counseling, law enforcement, criminal justice, corrections, or other related fields.

**OR**

Submit a "Verification of Experience" form (attached to this application) documenting 4 years of full-time paid employment in private probation, social work, psychology, counseling, law enforcement, criminal practice, corrections, or other related fields.

**OR**

Submit official transcripts and a “Verification of Experience” (attached to this application) form documenting a combination of 4 years of education and work experience.

2. Submit a copy of a private probation provider business license issued by the political subdivision of the state in which the applicant intends to establish a business office(s).
3. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).

You may also purchase them for a fee from Thomson Prometric (formerly Exporior) at 1-800-882-3981.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Private Probation Provider Licensing Act
- ☐ Rules of the Utah Private Probation Provider Licensing Board

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **License Renewal:** All licenses expire May 31st of every odd-numbered year.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

4. **Renewal Requirements / Continuing Education:** You must complete 40 hours of qualified continuing education (CPE) every 2 years. (See R156-50-304 of the Private Probation Provider Licensing Act Rules for specific requirements.)

5. **Conflicts of Interest:** Utah Code Ann. § 58-50-9 (4) states: “The private probation provider:

- (1) shall maintain impartiality toward all parties;
- (4) shall disclose any circumstance that may create or give the appearance of a conflict of interest and any circumstance that may reasonably raise a question as to the private probation provider's impartiality; if the contract probation supervisor perceives or believes a conflict of interest to exist, the contract probation supervisor shall refrain from entering into those probation services; and
- (5) shall adhere to the standards regarding private probation services adopted by the licensing board.”

Utah Code Ann. § 58-50-2(5)(a) and (b), defines “unprofessional conduct” as:

- (a) failure to disclose any financial or personal interest or prior relationship with parties that might affect the private probation provider’s impartiality or otherwise constitute a conflict of interest;
- (b) providing contract probation services when any financial or personal interest or prior relationship with parties might affect the private probation provider’s impartiality or otherwise constitute a conflict of interest.

6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).

7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).

8. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

9. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675

10. **Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: PRIVATE PROBATION PROVIDER

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**PROFESSIONAL EDUCATION:** (Attach additional sheets if necessary.)

Name of College: \_\_\_\_\_

Location: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College: \_\_\_\_\_

Location: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of College: \_\_\_\_\_

Location: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**PRACTICAL EXPERIENCE:** (Use additional sheets if necessary.)

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Describe Work Performed: \_\_\_\_\_

\_\_\_\_\_

# PRIVATE PROBATION PROVIDER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or

distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## VERIFICATION OF EXPERIENCE

Please complete this form and submit it to the applicant in a sealed envelope for submission with his or her application for licensure as a private probation provider.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Name of Facility where Applicant was Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

Describe Specific Job Duties and Functions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a licensed private probation provider?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, License Number: \_\_\_\_\_

What is your relationship to the applicant?

\_\_\_\_\_ Supervisor

\_\_\_\_\_ Co-worker

\_\_\_\_\_ Other, explain \_\_\_\_\_

Do you recommend the applicant be licensed as a private probation provider?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, explain \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_